

Obituary

W. H. McMULLEN, O.B.E., M.B., F.R.C.S.

Mr. W. H. McMullen, consulting ophthalmic surgeon to Charing Cross Hospital and consulting surgeon to Moorfields, Westminster, and Central Eye Hospital, died suddenly on April 15, aged 81.

William Halliburton McMullen was born in London on July 19, 1876, the son of Dr. William McMullen, who practised in South London. From the City of London School he went on to King's College, where he won junior and second-year scholarships as a medical student, and where he worked for a time as assistant demonstrator of physiology and prosector. He continued his clinical training at King's College Hospital, qualifying in 1898 and graduating M.B., B.S. (with honours) two years later. After holding the posts of junior and senior house-physician at his own teaching hospital, he took the F.R.C.S. in 1900 and became house-surgeon at the Royal Westminster Ophthalmic Hospital, later being appointed pathologist and curator at the same hospital. His first honorary appointment was as assistant ophthalmic surgeon to the Miller General Hospital, and he remained on the staff there for many years, becoming consultant surgeon on his retirement. Not long afterwards he joined the staff of the Royal Westminster Ophthalmic Hospital as assistant surgeon, finally retiring from the active staff in 1936.

Mr. McMullen became well known as an ophthalmic surgeon in London in the days before the first world war. In addition to the hospital appointments already mentioned he was for eight years ophthalmic surgeon to the Hospital for Sick Children, and from 1919 to 1923 he held a similar appointment at the Royal Northern Hospital. He was also lecturer in ophthalmology at the Charing Cross Hospital Medical School, and he joined the honorary staff of that hospital in 1929.

During the first world war Mr. McMullen was ophthalmic specialist to the Central London Recruitment Depot, and for his services was appointed O.B.E. in 1918, and during the last war he held an appointment in the E.M.S. President of the Section of Ophthalmology at the Royal Society of Medicine in 1937-8, he was also at one time a vice-president of the Ophthalmological Society of Great Britain. He wrote many papers on ophthalmological subjects, and among those he contributed to this *Journal* were reports on migraine and squint.

In 1906 Mr. McMullen married Kate Constance, daughter of G. Randell Higgins, who survives him.

Mr. G. G. PENMAN writes: By the sudden death of Mr. W. N. McMullen we lose another of the distinguished band of ophthalmologists who led this branch of the profession between the two wars. Those of us who worked with him will always remember him as a very skilful surgeon, to whom nothing was too much trouble, a most acute diagnostician, and as one possessing a fund of learning and experience which was always at the service of his colleagues and assistants. He was most kind, gentle, and painstaking with his patients, who were devoted to him and were very sad when he gave up first hospital and then private practice.

As senior surgeon of the Royal Westminster Ophthalmic Hospital he was a wise counsellor and leader, whose advice and help were always most valuable, especially during the planning, and actual making in 1928, of the move from the old hospital next door to Charing Cross to the new building in what was then Broad Street, Holborn. After his retirement from the active consultant staff he continued until very recently on the committee of management (house committee after the amalgamation with Moorfields). He enjoyed these meetings very much, meeting old friends and keeping in touch with the hospital, but the other day said that he thought that the time had come to give them up. An original member of the Faculty of Ophthalmologists, he took a prominent part in their deliberations.

He was very fond of landscape sketching in water colour or pencil, but was very modest about his achievements. It gave him countless hours of pleasure and private satisfaction, and the results always met with admiration when he could be persuaded to show them to knowledgeable strangers. But he would never exhibit his work in public. Up till 1939 he enjoyed a game of golf, and was a member of the Oxhey Golf Club.

He leaves a widow and three sons, to whom we extend our sincerest sympathy in their grievous loss.

A memorial service for the late Mr. W. H. McMullen will be held at St. John's Wood Chapel, London, N.W.8, on Wednesday, May 7, at 11 a.m.

F. H. LACEY, T.D., M.D., F.R.C.O.G.

Dr. F. H. Lacey, honorary consulting gynaecologist to the Manchester United Hospitals, died at his home at Balcombe, near Haywards Heath, Sussex, on April 11. He was 78 years of age.

Frank Hamilton Lacey was born on May 2, 1879, the son of Dr. Thomas Samuel Lacey, who was in general practice near Oldham, and, later, in Manchester, and from whom he derived the touch of Irish in his blood which made him such a witty and bright companion. His mother was Miss Langton, of Langton Hall, Lincolnshire, a direct descendant of Bennet Langton, the friend of Dr. Samuel Johnson, and from her he inherited letters and other memorials of the great lexicographer. Lacey received his medical education at Manchester University, graduating M.B., Ch.B. in 1906, proceeding to the M.D. in 1912. Soon after graduation he became a house-surgeon at St. Mary's Hospital, Manchester, and in 1908, after holding house-surgeon posts elsewhere, succeeded William Fletcher Shaw as senior resident officer, which exacting post he held for four years, and so had a clinical training second to none. His active connexion with St. Mary's—as registrar, assistant, and full honorary surgeon—continued to his retirement in 1946, being broken only for four years by the first world war, in which he served in Egypt and the Dardanelles with the R.A.S.C., which he had joined as a Territorial before the war, and, later, in France with the R.A.M.C., to which he had transferred, retiring with the rank of major. Subsequently, he was awarded the Territorial Decoration. While away at the war he was appointed gynaecologist to Withington Hospital, one of the two large workhouse hospitals in Manchester. When these hospitals were handed over to the corporation, he transferred to Crumpsall, where he remained in charge of the obstetrics and gynaecological unit until his retirement from practice. Later he also became honorary gynaecologist to the Christie Hospital for Cancer and clinical lecturer in obstetrics and gynaecology in the University of Manchester. When the Royal College of Obstetricians and Gynaecologists was founded in 1929 he was elected one of the foundation Fellows. In the same year he served as a vice-president of the Section of Obstetrics and Gynaecology of the British Medical Association when the Association held its Annual Meeting at Manchester. He did not publish many papers, but was a regular attendee at the meetings of the North of England Obstetrical and Gynaecological Society, taking his full share in the discussions and serving as president in 1932.

We are indebted to Sir WILLIAM FLETCHER SHAW for the following appreciation: The news of Frank Lacey's sudden death on April 11 greatly shocked his many old friends who had met him only that afternoon at a party given by the Royal College of Obstetricians and Gynaecologists to celebrate my 80th birthday, which, as one of my oldest friends, he insisted upon attending despite increasing illness and almost complete blindness. He thoroughly enjoyed meeting again so many old friends, and we have the memory of a bright happy face as he moved from one to another.

Lacey was well versed in the science and art of obstetrics and gynaecology, and his opinion was much sought after. In his hospital and teaching posts he could always be relied upon to pull his full weight and never to shirk his duties,

no matter how onerous they might be. It was such as he who made and kept the voluntary hospital service what it was, the passing of which many now regret. What his old friends cherish is the memory of his bright, cheerful personality, with his absolute loyalty to friends and hospitals. No matter what knocks adversity brought his way—and he was no more immune than anyone else, one of the worst being a detached retina when a student, which was always a serious handicap to his operative work—he always showed a smiling face and never groused. He was one of the few who did not criticize colleagues behind their backs, even when others might have thought their actions deserved it, and he could always be relied upon to support anything for the welfare of his hospitals and profession. In 1946, when he retired from his hospitals, he bought a small farm near Crawley, and when this was commandeered for the new town he moved to another at Balcombe.

During the first world war Frank Lacey married Miss Evelyn Rudge, of Wallasey, who has been such a wonderful support to him during some years of failing health and increasing blindness. She survives him, with two sons and one daughter, to all of whom we extend our sympathy.

G. F. BARBOUR SIMPSON, M.D., F.R.C.P.Ed.
F.R.C.S.Ed.

Dr. G. F. Barbour Simpson, consulting gynaecologist to the Western Dispensary, Edinburgh, died at his home in Edinburgh on April 8 after many months of slowly increasing weakness. He was 83 years of age.

George Freeland Barbour Simpson was born at Edinburgh on September 21, 1874, the second son of Sir Alexander Russell Simpson, professor of midwifery and the diseases of women in the University of Edinburgh, and the grand-nephew of the great Professor Sir James Young Simpson, so that he was born into a distinguished obstetrical heritage. Moreover, his middle names derived from his mother's side, she being a sister of Dr. A. H. Freeland Barbour, who became the lecturer on gynaecology in the university, and was, with Dr. Berry Hart, the author of a textbook on gynaecology which had a great and deserved reputation in those days.

Barbour Simpson was educated at George Watson's College and at the University of Edinburgh, where he graduated M.B., Ch.B. in 1898. After the customary year or two of clinical training in hospital internships at the Royal Infirmary and the Royal Maternity Hospital, and later a period of postgraduate study in Paris, he began to devote himself exclusively to midwifery and gynaecology. He became university assistant to his father and subsequently to his successor in the chair, Sir John Halliday Croom. During these early years he became a Fellow of the Royal College of Surgeons of Edinburgh (1903) and Physicians (1905); proceeded to the M.D. degree with a thesis on fibroid tumours of the vagina; was appointed an assistant physician to the Royal Maternity and Simpson Memorial Hospital; and became a Fellow of the Obstetrical Society of Edinburgh. In his university post Simpson proved himself an excellent teacher, and when in due course he demitted the office he became an independent lecturer in the then famous "extra-mural" school of medicine of the Royal Colleges. For several years he served the university as an extern examiner, and for many years he examined for the triple qualification. He was elected a Fellow of the Royal Society of Edinburgh in 1908 and became vice-president of the Obstetrical Society in 1913. In 1905 Simpson was admitted a member of the King's Bodyguard in Scotland, the Royal Company of Archers; and during the first world war he joined the R.A.M.C., in which he rose to the rank of major. For some time he acted as second-in-command of the Officers' Hospital at Eaton Hall, under his friend and fellow-specialist, Lieutenant-Colonel (later Sir) Ewen Maclean.

Simpson was not a prolific writer, and, apart from two or three papers to the Obstetrical Society, his major contribution was the *Edinburgh Stereoscopic Atlas of Obstetrics* (1908), in the preparation of which he was assisted by the

late Dr. Edward Burnet. This was a good piece of work which afforded proof—if such were needed—of the superiority of stereoscopic views of anatomical subjects over flat projections. But he was a man of wide interests, and in 1923 these led him to enter the town council of Edinburgh. This step involved the virtual relinquishment of his professional career in medicine, but for a period of twelve years he rendered good public service on the council, passing through the offices of bailie and police judge and the convener'ship of the hospitals committee, among others. He retired from the town council in 1935 and subsequently devoted a good deal of his attention to the affairs of the Royal College of Physicians, to which he acted as treasurer for twelve years. In private life Barbour Simpson was a man of many friends and strong social instincts. He was devoted to open-air sports, shooting, and in particular to fishing. He was one of the founders and the first secretary of that band of enthusiastic anglers, the Edinburgh Medical Angling Club.

To his widow, his son, and his two daughters sincere sympathy is offered.—R. W. J.

E. J. BRADLEY, M.C., M.D., F.R.C.S.Ed.

Mr. E. J. Bradley, formerly surgeon to the Margate General Hospital, died at Bournemouth on March 22. He was 67 years of age.

Edwin John Bradley, the second son of the late Edwin Bradley, J.P., of Dover, was born on July 16, 1890. Educated at Dover College, where he became head prefect, he went on to Jesus College, Cambridge, and St. Bartholomew's Hospital, qualifying in 1913. In the following year he obtained the degrees of M.B., B.Chir., and proceeded M.D. in 1921. He held resident posts at Bart's and the Bristol General Hospital, and then served as a major in the R.A.M.C. in Egypt and France throughout the first world war, gaining the M.C. and bar and being mentioned in dispatches. In 1919 he started general practice in partnership with Dr. A. E. Hodder at Stafford. Five years later he obtained the Edinburgh F.R.C.S. and became a surgeon to the Staffordshire General Infirmary. He married in 1929, and on account of his wife's health moved to Margate, where he was at once appointed as surgeon on the staff of the General Hospital. From 1945 until his retirement because of ill-health in 1948 he was president of the hospital. He was medical officer to the Royal School for Deaf and Dumb Children and to the local Home Guard during the second world war.

T. S. S. writes: Jack Bradley was extremely kind to me when I joined him in practice at Margate in 1935. I soon realized how generally beloved he was and how difficult it would be to live up to his high standard, for he exemplified what really good doctoring should be. His patients gave him their absolute trust and confidence, and still, after many years, remember him with the greatest affection. As his occasional anaesthetist I became very impressed by his skill as a general surgeon, particularly by his imperturbability at moments of crisis, and when, later, I served with him on hospital committees, his calm common sense was equally impressive. He never spared himself when patients needed him, and the nursing staff at Margate still talk of how he operated for days and nights on end during the Dunkirk evacuation. An all-round athlete at school, Jack Bradley played rugby in the Jesus, Bart's, and United Hospitals fifteens, but his health, first affected by gas while serving with the 1/3 North Midland Field Ambulance in 1918, suffered further by stress of surgical work and single-handed practice during the second world war. The onset of poly-arthritis on top of chronic bronchiectasis unhappily forced him to give up first surgery and then general practice. It was typical of him that seeking occupational therapy for stiffening fingers he should turn to the making of books in Braille. For many years a keen member of Rotary, he was president of the Margate club in 1939. Gardening and stamp collecting were his hobbies, and despite increasing crippling he continued his practical interest in greenhouse plants to

the end. He was deeply religious, and, though naturally reticent, this showed in every aspect of his daily life. Just one example was his adoption in 1938 of two refugee boys from Hitler's Germany. In 1955-6 his three talks in the B.B.C.'s "Silver Lining" programme—entitled "The Temptations of a Long Illness," "Compensations," and "Facing up to Pain"—were an inspiration to other sufferers. His religious faith as well as his wife's devoted care must have fortified him greatly during his long and painful illness. All who came into contact with Jack Bradley knew him to be a thoroughly good man.

Medico-Legal

ABUSE OF LEGAL AID

[FROM OUR LEGAL CORRESPONDENT]

On March 20 Mr. Justice Roxburgh, in giving judgment against a legally aided plaintiff in an action in the Chancery Division, said that there ought to be some way of stopping a legally aided case which was boosted up by false evidence, and his Lordship knew of no means of doing so (*The Times*, March 21). This had been an action for nuisance, and the plaintiff, a deaf old man of 81, had given false evidence and put faked exhibits before the court. He ordered him to pay the costs of the action, but suspended payment until further order.

The difficulty is, of course, to know whether evidence is false or exhibits faked until the evidence has been given in court and tested by cross-examination and until the exhibits have been put in in court and subjected to critical scrutiny. No reputable lawyer would allow his client, whether legally aided or not, to put forward through him a case supported by what he knew to be false evidence and faked exhibits. With a legally aided client it is his duty, if he comes to the conclusion that there is no case, and still more if he sees that false evidence is being relied on, to bring the matter to the Legal Aid area committee for the legal aid certificate to be revoked. This is not seldom done.

If it is only before the court that the falsity of the case becomes apparent the remedy is in the judge's hands. If at the close of the plaintiff's case he is satisfied that the plaintiff has not established a *prima facie* case—for example, because it depends on the plaintiff's evidence and the plaintiff is such a manifest liar that his evidence is not to be relied on—the judge can throw the case out without calling on the defence. A jury can stop a case in similar circumstances. Similarly when a defendant is obviously unreliable and the defence depends on his evidence the judge, having heard his evidence, is always entitled to say, "I don't believe a word he says," and even with the most long-winded counsel such Draconian measures cut the rest of the business pretty short.

The harm done by speculative actions and false cases to innocent defendants is not a creature of legal aid and is nothing new. The only difference the legal aid scheme has made is that the lawyers who act for the impecunious plaintiff do not have to look to him for their remuneration, but to the legal aid fund. On the assumption that all lawyers are reputable, this difference should make no difference.

DOCTORS CHARGED AT TOWER BRIDGE

At Tower Bridge Court on April 16 further charges were brought in connexion with the case of Miss Jean Cook, the Australian nurse whose death was the subject of an inquest last month (*Journal*, March 29, p. 778). As a result Dr. Ellis Stungo and Dr. Louis Newton, who had been arrested on warrants the day previously, were remanded on bail until May 1.

Dr. Newton was charged with unlawfully killing Miss Cook, and with unlawfully using an instrument with intent to procure her miscarriage. Dr. Stungo was charged with counselling and procuring Dr. Newton to procure the miscarriage of Miss Cook. Mr. Geoffrey Howe, for the defence, said: "The charges are completely denied and the case will be most strenuously defended" (*The Times*, April 17).

At the Old Bailey the trial of Dr. Louis Newton, committed on a coroner's inquisition on a charge of Miss Cook's manslaughter (see *Journal*, March 29, p. 778), was put over to the May session.

Medical Notes in Parliament

STATEMENT ON SENIOR REGISTRARS

The MINISTER OF HEALTH announced on April 21 that the Joint Consultants Committee and he had agreed to set up a joint working party to study, in the light of experience of the hospital service since 1948 and of all other relevant considerations, the principles on which the medical staffing structure in the hospital service should be organized. He continued:

"I have concluded that—pending and without prejudice to the working party's report—the current arrangements for senior registrar posts should be modified in certain respects, in view of the fact that some senior registrars have long completed the normal tenure of their posts but have not yet succeeded in obtaining a higher post. I am satisfied that these senior registrars should be given an opportunity of remaining in the hospital service whilst they continue to compete for higher posts, and hospital boards are being asked where necessary to offer extended contracts pending the working party's report.

Also without prejudice to the working party's report, I am asking hospital boards to submit proposals for designating a limited number of senior registrar posts—mainly from among those already existing—which will provide responsible work commensurate with that which is normally expected of a fourth-year senior registrar; will carry a higher rate of pay; will offer security of tenure; and will be available to senior registrars who have completed the normal period of appointment in the grade. The senior registrars selected for these posts will of course be free to continue to compete for higher appointments. I will emphasize to boards that these senior registrar posts are not to be regarded as a substitute for additional consultant posts.

The Secretary of State for Scotland is discussing with the Scottish Joint Consultants Committee the application of these arrangements to Scotland.

Mr. KENNETH ROBINSON (St. Pancras North, Lab.) said these interim arrangements appeared at first sight to be a satisfactory solution to the short-term problem, but the only tolerable solution for the long-term problem would be a considerable expansion of consultant posts. Was it necessary to set up a working party to come to that obvious conclusion? Mr. WALKER-SMITH said regard must be had to the fact that the number of consultant posts desirable had to be looked at in the light of staffing structure and economic context. He hoped for a quick and valuable report from the working party, and preferred to wait for it.

Sir KEITH JOSEPH (Leeds, North-east, Con.) said he welcomed the constructive solution to this intractable and complex problem, without prejudice, as the Minister had said, to the recommendations of the working party. He asked the Minister to note that it was not commonly accepted that the only long-term solution was the expansion of the consultant force. The economics of the service to the public and the location of consultants in relation to the public demand for them must be examined most carefully. Mr. WALKER-SMITH said he would bear the suggestions in mind.

Dr. EDITH SUMMERSKILL (Warrington, Lab.) said all the Minister had said was that the matter was to be postponed once more, and that the anxiety of these senior registrars was to continue for an indefinite period. These men were being offered excellent opportunities in the United States, and if there was going to be another postponement Britain would lose some of its best doctors. Mr. WALKER-SMITH said he did not think Dr. Summerskill could have heard his reply, or else she did not understand it. What he had said indicated that there was a good deal more for the senior registrar than she thought.